

BEST AVAILABLE COPY

ISSUE SLIP STATE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	B		5-29-01
O.I.P.E. CLASSIFIER			5-14-01
FORMALITY REVIEW	H-S	866	06-12-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 L (Through numeral)... Canceled A Appeal
 + Restricted O Objected

Claim	Date
Final	
Original	
20	5.17.02
21	11.15.02
22	11.15.02
23	11.15.02
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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